

Case Number:	CM14-0075120		
Date Assigned:	07/16/2014	Date of Injury:	04/27/2012
Decision Date:	11/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52 year old female with a date of injury of 04/27/2012. She stepped out of a portable toilet and fell in the mud and sustained a low back injury. She stopped working as of 07/27/2012. A MRI revealed L4-L5 disc disease and she had low back pain radiating to both legs. She was evaluated by a primary care physician and then sent to an orthopedist. She had two lumbar epidural blocks that provided no relief. On 06/14/2013 she became depressed. On 08/08/2013 a laminectomy and foraminectomy was denied. Her physician retired and she received no care from 11/2013 until seen for an office visit by a different physician on 04/28/2014. On 04/28/2014 she had a decreased lumbar range of motion with 8/10 low back pain radiating to both legs. Gait was normal. She had decreased right L4-L5 sensation. There were no right knee and right ankle reflexes. She was taking no medication. Conzip (Tramadol) for pain and Lorzone muscle relaxants were prescribed. TENS was ordered. On 05/19/2014 the low back pain radiating to her legs was 7-8/10. Gait was normal. Conzip and Lorzone were refilled. Trunk flexion was decreased. On 06/06/2014 Conzip and Lorzine were ordered again. On 06/11/2014 it was noted that she had been using the TENS unit, Conzip and Lorzone but had to go to the ER on 05/31/2014 for severe low back pain. She was given an injection for pain and started on Norco. On 07/14/2014 she was using the TENS unit, Conzip, Norco and Lorzine. It was noted that she was a surgical candidate. She had L4 tenderness and limited lumbar range of motion. On 08/22/2014 the lumbar pain was 8/10 and she continued Norco. On 09/24/2014 the pain was 10/10 and she continued taking Norco. She was scheduled for surgery. On 10/22/2014 the pain was 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS unit rental times 2 months and purchase if effective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The patient had a trial of TENS and she became worse. On 04/28/2014 she was taking no medication for pain. After the TENS unit she was taking Norco for pain and it was worse. There was no documentation that the TENS unit was effective therapy in this patient. Therefore the request is not medically necessary.

Conzip 100 mg Quantity: 30 once daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines On-Going Management for Opioids Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy (b) The lowest possible dose should be prescribed to improve pain and function (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to

treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs (d) to aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control and (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

Lorzone 750 mg Quantity: 30 Once daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in *American Family Physician*, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Lorzone is a muscle relaxant that was prescribed long term for this patient. There is no documentation that it was effective treatment for this patient since after starting this medication, the pain was worse and she had to start Norco. The long term use of this medication is not consistent with the above criteria. Therefore, the request is not medically necessary.

